The MEDICAL MISSIONARY

Chinese religious art. By Cheng-Yuan-Tou.

Nativity.

Vol. III DECEMBER, 1929 No. 3

OVERWHELM THEM

By Dr. Anna Dengel

IT IS interesting to speculate from month to month what the next Mission intention of the Apostleship of prayer will be. The one assigned for December "The Conversion of Mohammedans," is certainly a gigantic task and one worth developing callosities on both knees.

Roughly speaking, the number of the followers of the prophet in the world is estimated at 227 millions, of whom about 175 millions live in Asia and a comparatively small number in Europe. The United States is said to have 1,000 adherents, with Chicago as the center of the movement. London, Paris and Berlin have their Mosques. Islam is a strong proselytizing religion; its propaganda seems to proceed quietly, systematically and without interruption by merchants, peddlers, and religious orders, the Chadeleyi, the Senussi, the Kadisiya and others. In India their advance is more rapid in numbers than progress of Christianity. There are some gains also in southeastern Asia, but the really striking advance is in Africa. Along the northern shores it has been established for centuries. It is moving inland now and to the South. Capetown has already twenty-three Mosques and every large city in South Africa has two or three. The Crescent in Africa is already ten to one stronger than both Catholic and Protestant Christianity combined.

As my Missionary career was in a predominantly Mohammedan district in the Far North of India, this subject is naturally of very great interest to me. St. Catharine's Hospital, of which I had charge, was founded by Dr. Agnes McLaren expressly in that stronghold of Islam, because coming to the assistance of the women medically, seemed the *one* means to help them and so to say demonstrate our Religion to them.

I liked the Mohammedan women; there is something virile and simple about them. Considering their handicaps, they show remarkable common sense and it is by no means hopeless to persuade them of what is good. There are approximately 69 millions of Mohammedans in India; the mortality of young mothers being so great, somewhat less than half of them are women. The well-to-do and middle class, in short, those who lay claim to prestige keep purdah, that is they do not show their faces to men except those of their own household and when appearing in the street, they go about covered from head to foot with a cloak-like garment called a "burka." Only in the presence of women do they unveil themselves. One of the results of the purdah system is that only 1.8 per cent of the Moslem women of India are literate. As far as medical aid is concerned, those who keep purdah depend for it on women doctors, the supply of whom is still very inadequate. The result is that there is a great deal of preventable and unrelieved suffering among them; the maternity and infant mortality are very high. It is easily understood that women doctors and nurses are welcomed by them; they gently enlighten, treat and operate, comfort and console, and bring a ray of sunshine and variety into a life of seclusion and monotony.

On close and prolonged acquaintance, one begins to understand why the Mohammedans are so self-sufficient and inaccessible to Christianity. It first came home to me very clearly when Miriam, a young Mohammedan woman, a particular friend of mine, spoke to me one day about how Mahomet asked his daughter Fatma on a certain occasion to make a request. Fatma, after thinking it over, decided to ask her father to obtain from God the favor that no Mohammedan would ever be lost. The favor was granted. This is the popular belief and who possessing it would want to leave such a secure path to eternal bliss? The moral code of the Mohammedan is another stumbling block. The great prophet lived at a time and in a place where morals were said to have been extremely corrupt, so that his reforms and ideals were a wonderful improvement on those of his surroundings; to allow four wives to an average man was probably nothing shocking to his contemporaries. In our day, the average man as a matter of fact cannot afford more than one, so that harems in India are not as common as some people think. Be that as it may, polygamy is accepted by the Mohammedans and so is divorce and both are absolutely forbidden by the Catholic Church: a deep gulf to bridge.

Then the Mohammedans are really proud of their history of conquests. That they advanced by the sword does not dim the splendor of achievement in their eyes. In India alone they can look back on seven centuries of continuous rule and the forts and tombs of their moghuls speak of past greatness, art and culture. Stepping beturbaned and barefoot into any mosque, they find devout worshippers of Allah. To see one or many together praying according to the traditional form is to them a guarantee of spiritual strength and endurance of their religion.

The better one gets to know the Mohammedans the more one realizes the good and strong points which make them cling to their Faith and make them anxious to spread it. The weakest point in the Mohammedan religion seems to me the fact that they found it necessary to safeguard the morality of their women at the cost of freedom by subjecting them to a life of seclusion cut off from contact with the outside world and keeping them ignorant of the progress of the times. To all appearances this drastic method of seclusion (the suffering it cost to millions nobody can estimate) achieved the purpose, but being something rigid, the ever increasing wave of emancipation of Oriental womanhood is bound finally to break it asunder (in some places it has already done so), and then it remains to be seen whether Islam has enough inherent spirituality to give freedom with safety.

To what extremes the seclusion is still adhered to by the rich may be seen from a case of my own experience. I was called to a distant village to see a Mohammedan lady, young and beautiful like a fairy princess, her house and garden enclosed by high walls, attended by servants, one of whom, her cook, had tuberculosis in an advanced degree. When my professional work was done, we sat down and chatted about various things. To judge from her questions she expected me to be a regular encyclopedia, she was so eager to know something of the world without. She was not only beautiful but also very refined as many Indian women are in spite of their illiteracy. When her husband came after a while, she respectfully stood up and remained standing until he was seated. After a short conversation he asked me if I was interested to see the place, which I was. Naturally, I would have liked to be taken around by the hostess, but that was not to be. Her realm was within the four walls, the heavy door of the Zenana quarters was the parting line. Her husband then took me to the roofs of the other buildings and showed me his possessions. "As far as you can see," he said, "17 villages and all the land around are mine." "And your wife," said I "cannot even go beyond these four walls?" "No," he said, "the only time I could take her out would be during the night. Public opinion about purdah is so strict in families like ours."

The penetration of Catholic principles through education and works of charity will in time pave the way to monogamy, and a dignity and freedom worthy of the mothers of a people, in other words, change the moral and social outlook of Mohammedans; this is a necessary preparatory step and who labors at it, does not labor in vain. It is the seed sown which in God's own time must bear fruit. "The human soul is naturally Christian," is

(*Continued on page* 5)

VENITE ADOREMUS

VENITE ADOREMUS DOMINUM! In rising strains this beautiful hymn rings through the stillness of the night at that solemn hour of Midnight Mass, while the faithful with a joy ever new celebrate the greatest event of all times, the coming of our Savior into this world. All eyes are fixed on a little Infant lying on straw in a manger profoundly adored by His young Virgin Mother and his foster father St. Joseph. Come, let us adore, we Catholics call out to the whole world. It seems strange that after twenty centuries of Christ's Presence amongst up, two-thirds of His human creatures do not know or recognize Him yet. The Mohammedans so punctilious in their ceremonial worship of the One true God accede to Our Lord only the rank of a prophet second to Mohammed. The cultured Hindu, although a monotheist and ridiculer of the three Million Gods of the ignorant, has learned something of the beauty of the Life of Our Lord and allows Him to pass as a possible reincarnation of the deity appearing in forms ever new to us changing mortals. The modern pagan is familiar to us. His religion is uprightness and loyalty and the taking part in the material uplift of the human race. Although a Christian in name, he does not profess the fundamental doctrine, the essential requirement of Christianity, namely, the belief in the Divinity of Christ. He leaves that to the simple-minded. Venite Adoremus, we Catholics must say to them all, the sophisticated ex-Christian neo-pagan, the African negro, the tradition burdened Indian and Chinaman, to every race and every creature in every part of the world.

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Come let us adore, is the passionate desire, the wholehearted endeavor of every Missionary. With human hands, human voice, human means the shepherds and Magi of our age are led to the feet of the King of Kings, but it is His Grace which opens the eyes of their souls and makes them adore the "Word made Flesh." Faith is a pure gift, only God Can give it, but He deigns to use instruments in the bestowing of it. It is our privilege to be instruments through prayer, sacrifice and labor.

Venite Adoremus, would that it were a trumpet call to the whole world, summoning all and followed by all. The more we desire it, the nearer we are to action, to cooperate with God in the salvation of souls, which, according to St. Dennis, is the sublimest of all works that man is capable of.

DEAR READER:

This is to wish you with all our heart a very happy and holy Christmas full of blessings for body and soul. May the Christ Child make you realize the happiness of being among those to whom the Star of Faith has appeared.

Gratefully,

The EDITOR and all the Medical Missionaries.

Christmas tree at the Medical Mission House (1925)

A DAY WITH MOTHER INDIA

By Dr. Joanna Lyons

WHEN "Mother India" began to be circulated and read in the U. S. A., the home folks began to write horrified letters to inquire had we read it and was it all true. I, for one, have not read the book to this day; though one day on a train I read the first fifth of it at a go. And why not finish it? Partly, at least, for the same reason that one who has a good seat at the World's Series does not go to see the movies of them afterwards.

I have no idea of matching stories with Miss Mayo nor of refuting her; there are plenty of people to do both, to their own complete satisfaction. (People *will* generalize about India, both friends and foes, and it is never a success.) In this article there will be set down all that I saw and heard of interest in one day's work. Not a composite day, mind you, but one particular day—the 6th of August, 1929.

The day's work began in the dispensary at 8 o'clock. It was a light day; only 25 patients turned up. And of these five were cases of pulmonary tuberculosis. Sometimes the percentage of the incidence of this disease in the daily list of patients is much higher. Seeing women dispensary patients every day, one gets the impression that tuberculosis is simply eating up the young women in this region. The causes of this would make a short litany, but perhaps racial susceptibility, the seclusion of the women in quarters often very badly ventilated, the dietary deficiencies among the Hindus and, above all, the close crowding and lack of appreciation of sanitary measures necessary to prevent spreading the disease will suffice. More than once I have been asked by women if tuberculosis was not caused by the use of aluminum cooking vessels.

From a social point of view, two of the patients were of interest. One was a refined, clever, and well-to-do wife who had never had a child and whose husband is thinking seriously of putting her away for this reason. She had come to make a final effort to avert this catastrophe and had already undergone an operation for this purpose. "I am doing it for my own sake," she said frankly; "I can remember my own sister being for years in my father's house, having been sent away by her husband for this reason." The other was a young woman of 22 or so, who, married as a small child, lost her husband then and became a widow without ever being a wife. And a widow she must remain all her days, unless she and her family are quite heroic in braving public opinion.

This is the young "married" lady whose arm had to be amputated on account of neglected tuberculosis.

At the tail end of the dispensary time arrived a lady who had been suffering for 10 days with a very painful axillary abscess, but hadn't got round to see the doctor to open it before. She was put to bed and to sleep and had her small operation to her great contentment. A very pleasant and sensible lady she appeared to be during the few days she was with us, though given to the chewing of betel nut.

At 12 there was aid to be given in the Women's Department of the neighboring Government hospital. The doctor there and I are partners in all surgical enterprises undertaken in either this or her hospital. Today it is the amputation of a hopeless tuberculous arm whose numerous sinuses have been invaded by maggots. The patient walks into the operating room rather fearfully and climbs upon the table. She is the size of a small 8-year-old, but we put her age at 10 or 11. She looks about in distress and says to the Indian nurse: "Let my mother-in-law come in." We ask her how long she has been married and she tells us: "About two years."

During the course of the morning a telegram had arrived from Gujurkhan, a village 30 miles distant, saying: "Come sharp; seriously ill." There is no indication as to who or what, so when one of the Sisters and I embark in the new Ford we carry along some instruments, sterile goods, and a small sterilizer. There is no telling what we might find.

It is a pleasant drive. The rainy season is just about over and the plain on all sides is green and luxuriant with vegetation. There are even

a few pools of water here and there; not a customary sight in this dry district. It is a beautiful picture with the mountains for a background. We pass a ruined fort where lie the mortal remains of Sultan somebody, who was killed in action in the sixteenth century. His sturdy fort is now a nice place for picnics. We pass at a little distance an interesting monument of the general style of architecture of a well-made haystack. It is said to be the tomb of Bucephalus, the steed of Alexander the Great. Alexander, as you may recall, was in these parts in the fourth century before Christ.

Arrived at Gujurkhan, we visit the patient, the wife of an official there. She is sick enough and needing hospital care. I ask her to come back with us in the car, but she could not possibly come in such an off-hand manner. These are Mohammedan people of good class, and the patient's five or six children are as attractive as any youngsters one would wish to see. In fact, we are told that they belong to the royal family of Afghanistan and are prohibited from going to that country. One would think that a member of the royal family of Afghanistan who found himself safe and sound in India would be content to stay there. It reminds one of the remark of the Tommy in Mesopotamia. Campaigning in Mesopotamia in the hot season is no picnic. In the midst of various unpleasantnesses, some one remarked that this was said to be the site of the Garden of Eden. "Well," said the Tommy, "it wouldn't need no angel with a bloomin' sword to keep *me* out of here."

We depart with a strong injunction to bring the patient to hospital within the next two or three days. She arrived the tenth day, accompanied by two women, two children, a man-servant, and a woman-servant—all to stay in hospital.

Home again without mishap. Four or five Indian Christians are saying the Rosary in the hospital chapel when we get back. For the time being it is the parish church of the native city. My language teacher drops in after dinner with a bundle on his bicycle which proves to be a dead vulture; a splendid bird with a bald head, a body as big as a turkey's, and wings that measure nearly 6 feet from tip to tip. He has shot this bird at the request of an Indian doctor friend who practices the indigenous style of medicine. The flesh of it is to be placed in 80 pounds of water which will then be boiled down to 20 pounds. The resultant broth is a sovereign remedy for tuberculosis.

This day is like one tiny facet in the huge kaleidoscope of Indian life. The more one thinks about India, the less one knows what to think about it. Undoubtedly God's purposes are working out, though silently, that His kingdom may come here and everywhere. We talk about mission methods and what not, but the only thing that seems quite sure in the matter is that for the conversion of India we need prayer and we need saints.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

THE Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Rev. M. J. Curley, D.D., Archbishop of Baltimore. The Society is designed to meet the need existing in all parts of the foreign mission field for Catholic medical women, willing to devote their life and profession to the service of the suffering millions of Pagandom.

It is intended for qualified women: Doctors, dentists, nurses, pharmacists, dieticians and technicians, etc., who feel attracted to the religious life, and who wish to continue to practice their profession in the service of God as foreign missionaries. These will find ample scope for their generosity in the Society of Catholic Medical Missionaries, whose purpose is to render medical aid, no disease or condition being excepted, to Christians and non-Christians, and to bring the light and consolation of our Holy Faith to the people under their care.

The Society will also accept members who possess no medical qualifications, either with a view of training them in some branch of the profession after admission, or with a view to devoting themselves to nonmedical work inevitably connected with the undertakings of the Society at home and abroad.

The requirements for admission are the same as for other religious communities.

Please address inquiries to Dr. Anna Dengel, *Catholic Medical Mission House, Brookland, Washington, D. C., U. S. A.*

(*Continued from page 2*)

an axiom, a ray of hope which spurs the pioneer to persevere. During my four years work in the North of India I learned of four Mohammedans having become Catholics. One was a young girl in our hospital, who was so touched witnessing the last Sacraments being given to a native Catholic woman that she asked to learn the Christian religion and later when seriously ill returned to the hospital to be baptized and received the last Sacraments. Another was a rich lady, also a patient in our hospital, the wife of a Christian. The third, a middle-aged woman whose twin sons, Peter and Paul, were born in the hospital and the fourth was Ibrahim and his wife, who lived in a picturesque Kashmir village. Ibrahim was the owner of a small flour mill and would have had a flourishing business but for the persecutions he had to endure on account of his religion. There is no doubt about it, Mohammedan conversions are few. Anybody looking for quick results would only be bitterly disappointed. It is best to face the obstacles and to use all the available means, supernatural and natural, and leave results to God.

A story I heard recently might suggest how to pray for such a difficult thing as the conversion of Mohammedans. A little 12-year-old French girl kept on telling her confessor that our Lord appeared to her. The confessor did not seem to take it very seriously but as she repeated it over and over again, he told her to ask our Lord as a sign of the reality of it, the conversion of a great sinner. The answer came soon. It did not take long before an elegantly dressed gentleman walked into the confessional saying that he was suddenly *overwhelmed* by grace and came. Nothing is impossible to God, even the conversion of the Mohammedans. Jesus Christ, lover of souls, *overwhelm them* by Thy Grace.

THE SOCIETY AT HOME

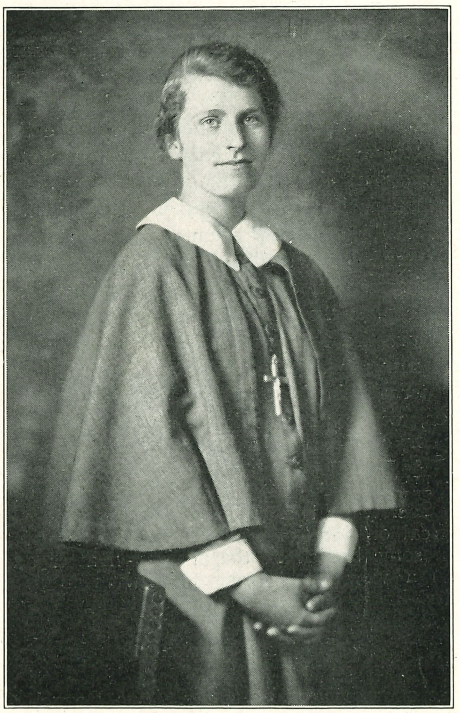
Group of Medical Missionaries at the Catholic Medical Mission House, Brookland, Washington, D. C.

SECOND BAND OF MEDICAL MISSIONARIES LEAVING FOR INDIA IN JANUARY

IN JANUARY four of our missionaries are leaving for India. Dr. Dorothy Finnigan, dentist; Sister M. Francis, R.N.; and Sister M. Therese, R.N., will go to Rawalpindi to reinforce the staff of the Holy Family Hospital, while Sister M. Helen, R.N., is assigned to Dacca, Bengal, where she and Sister Mary Latitia, who has been in Rawalpindi for the last two years, will start a Maternity and Child Welfare Center. The diocese of Dacca is in charge of the Holy Cross Fathers from Notre Dame, Ind., who have a Foreign Mission Seminary in Washington, D. C., and with whose help our society was started and under whose spiritual direction we are placed here. We are, therefore, particularly glad to have the privilege of beginning our second mission under their auspices.

The departure of missionaries is a joyful event. After many years of longing and preparation the hour of making the sacrifice of leaving all that is near and dear behind arrives and one is at the threshold of one's life work. That it holds hard work, disappointments, trials and sufferings, joys, success, the 100-fold in this world and life everlasting in the next, in store, missionaries are told beforehand. Without calculating the cost, they set out grateful above all to their parents for making the sacrifice with them, thus sharing in a very special way in the spread of Christ's Kingdom, grateful also to all who have made it possible step by step to reach the goal. The last leap is the passage, which is a great expense.

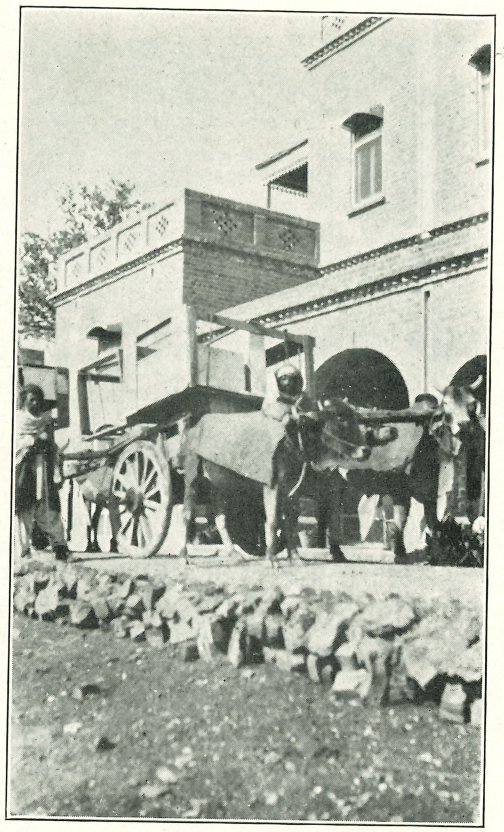
Being a young society, having a hospital to maintain and starting a new mission, we naturally would like to write a big long letter to Santa Claus, but knowing that even *He,* although so big-hearted and well-disposed, is limited and has so many other requests, we confine ourselves to ask him to help us with the traveling expenses of our four missionaries to India, which with the most stringent economy will amount to $500 each; that is, $2,000 for four. The expense is about $12 per day, counting the journey at 43 days duration. As a token of appreciation our missionaries will gladly send a little letter from "somewhere" along the journey to anyone who contributes the expenses of a day.



Sister M. Laetitia, R. N., who was one of the first four members of the Society and one of our first band of Missionaries, will have to pioneer again. Early next year, she and Sister Helen, R. N., will start our second Mission, a Maternity and Child Welfare Center in Dacca, Bengal, India.

IN INDIA

One of the Catholic student nurses in training in the Holy Family Hospital.



How hospital supplies, sent by generous benefactors from U. S. A., reach their final destination: The Holy Family Hospital in the Punjab.

Our three Missionaries with patients on the hospital verandah—which is one of the most popular places. It is the waiting room of the dispensary patients, the rendezvous of the relatives of the in-patients, and the refuge of the patients at night in hot weather. The stringbeds are light and very easily moved.

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PIUS XI AND MEDICINE IN THE SERVICE OF THE MISSIONS

A LITTLE volume of 151 pages in French by Abbé, Prof. Dr. Ugo Bertini, undersecretary of the Supreme Council of the Propagation of the Faith in Rome, entitled "Pius XI and Medicine in the Service of the Missions," is the first Catholic book of its kind. Briefly referring to the hospitals and dispensaries in foreign mission countries and the heroic and self-sacrificing work done in the service of the sick by generations of missionaries past and present, the book deals with an amplifying phase of the same charity, namely the attempts in several countries to enlist the service of the medical profession in order to show forth the Charity of Christ more effectively and to a greater number. The motives and the reasons for this progressive movement are not far to seek. In all missionary work we must go back to the Divine Model. Our Holy Father points it out clearly in his Mission Encyclical: Rerum Ecclesiae, promulgated on February 28, 1926:

"In the meanwhile, let the missioners remember that they must follow the same methods with the natives as did the Divine Teacher when He was on earth. He, before He taught the multitudes, was accustomed to heal their sick, 'He had compassion on them and healed their sick' (Matt. 14:14). He ordered His Apostles to do the same giving them the power: 'And into whatsoever city you enter . . . heal the sick that are therein and say to them: The Kingdom of God is come nigh unto you' (Luke 10:8, 9). 'And, going out, they went through the towns, preaching the gospel and healing every where' (Luke 9:6). Neither let the missioners forget how kind and loving Jesus showed Himself to infants and little children; and how, when the disciples remonstrated with Him, He bade them to suffer the little children to come unto Him (Matt. 19:13-14). Apropos of this, let us remind you of what we said on another occasion; namely, that all who are interested in the health of the inhabitants, and minister to the sick, and all who are kind to infants and little children, win the good will and affection of all the natives, so readily does the human heart respond to charity and kindness."

The reasons are simple also. Through centuries of preparation by missionaries and colonists, improved means of communication, accumulated individual and collective research, business relations, the camera and the film, we have come to know how the other half of the world lives. We know of the deadly and debilitating fevers, of plague, cholera, elephantiasis, yaws, dysentery, sleeping sickness, leprosy, skin, eye and parasitic diseases, etc., etc., not to mention those common in Western countries, most of which the East does not escape either, only to mention one: Tuberculosis, which is a veritable white plague in Africa and India.

The Mastery of Medical Problems in the tropics does not only require ordinary but special knowledge. No wonder that the Holy Father when viewing the Medical Section of the Vatican Exhibition said: "We are living in times when unenlightened heroism is not enough." That there is a great and interesting field for the medical profession in the mission field is well known and has been known for a long time. If one did not know it, one could sit back in comfort; but knowing it and remaining inactive would be *absolutely* un-Christian. The Protestants have sent medical men and women to their mission fields for over 50 years; at the present time they have over eleven hundred in different outposts of the world.

Why we Catholics have not done so before seems a puzzle. Perhaps it was because we were able to find men and women heroic enough to use all the resourcefulness possible to help whatever human misery they met, so that we were able to have medical aid of a sort that answered the purpose even without doctors and trained personnel. To some extent the puzzle can be solved also by a remark made by a prominent newspaper owner to whom the project of a Society of Catholic Medical Missionaries was presented a few years ago: "It sounds fine," he said with conviction, "but who will do it?" And a well-known mission Archbishop wrote to the writer once: "We would all like medical missions, but we have not the means." Who will do it and how can it be financed? These are the great questions. One can hardly expect the individual to find his or her field of labor, to finance expensive studies and journeys, buildings, equipment, and the wherewith to do the work. Until organized efforts were made, professional medical mission work was only possible in a few isolated cases.

Abbé Bertini shows in his book that attempts at combined effort have not been fruitless and promise indeed great things in the future. He classifies his account of accomplishments according to countries and begins with France, the oldest daughter of the Church, the cradle of the greatest numbers of missionary congregations, the fruitful source of missionary vocations.

The Catholic Institute of Paris has given for several years a course of mission ethnology and one of history of the missions. In 1926, the Holy Father asked the rector to add a course of medicine for missionaries in order to complete their preparation. Dr. Pasteau, president of the Society of St. Luke, St. Cosmas and St. Damian, offered to organize it. In Lille a similar course is being given every year. Up to October 1, 1928, 88 missionaries had availed themselves of it.

In Belgium, "The Medical Foundation to the Belgian Congo of the University of Louvain" was founded in January, 1926. It has as its object to recruit doctors for the colony and the establishment of medical centers, which are specially designed to train native nurses and to propagate public health. The first "school-hospital" was erected in Kwango under the direction of the Belgian Jesuits. It has modern scientific equipment and is already flourishing. It is under the patronage of the Belgian King. The report of 1927 says, "The Medical Foundation to the Congo has a real role to play in the moral and economic development." This movement has an enthusiastic auxiliary in the Mission Aid Society of the Catholic University Students of Belgium. Holland is always to the forefront in mission matters. Since 1927 medical courses are given to missionaries at the University of Rotterdam. The Dutch Medical Mission Society has its own magazine and a nucleus of a Medical Mission Museum.

Germany has sunk its foundation the deepest and started in 1922 not only to recruit but to educate young men and young women as mission doctors. After seven years of existence, the Medical Mission Institute of Germany, under the direction of Rt. Rev. Monsignor Becker, houses in a splendid new building about 50 students, and has several of its members in charge of hospitals or medical mission stations in Africa and China. The yearbook published by the Institute not only gives an account of its own work but a bird's-eye view of the whole medical mission field. Poland also organized its medical mission courses in Poznan and Lublin and she takes an active interest in the movement.

England has been the pioneer. As early as 1906, Dr. Agnes McLaren, a convert, agitated for women doctors for the women of India, secluded in Zenanas and debarred from medical aid by men. Her aim was to have young nuns study medicine to assure the missionary spirit and stability necessary for the work. Although a Belgian religious community volunteered and although the project was presented to Rome, it never actually became a reality. Apparently the time was not ripe then. Her next step was to encourage young lay women to undertake the study of medicine for a mission career. She founded St. Catharine's Hospital in India and formed a committee in London under whose auspices the writer went to India.

Dr. Margaret Lamont, also a convert, has for the last 20 years advocated medical missions ardently and effectively by her numerous writings and private correspondence. On account of her work in India, Mesopotamia, Egypt, China, and South Africa, she has a unique knowledge of conditions and requirements in various fields.

Recently a Society of Women Doctors was organized in Scotland. Col. O'Gorman, the editor of The Medical Guardian, knowing India has the development of medical missions very much at heart and has already helped in many ways to create interest through his paper and otherwise.

Switzerland also has its Medical Mission Association, and in Italy the University of Parma instituted in 1927 a medical course of four years duration for the members of the Institute of St. Francis Xavier. In six Salesian houses medical mission courses are held for about 900 students; the Franciscans have theirs also. Italy is fortunate in possessing such a leader as Rev. Agostino Gemelli, O.F.M., M.D., founder and rector of the Catholic University of Milan, who was the president of the Commission for the Medical Section of the Vatican Missionary Exhibition in 1925, and who continues to foster the movement on every possible occasion.

The United States are represented by the Medical Mission Board, 25 West Broadway, New York, whose director is Rev. Edw. Garesché, S.J. The board arranges an annual medical mission course at Georgetown University, Washington, D. C., and sends equipment, drugs, dressings collected from Catholic hospitals and other sources to the mission field; and by our Society, whose aim has been from the beginning to solve from the women's side at least the two problems: Providing missionaries professionally trained and to find the means to do the work.

Abbé Bertini in one of the chapters of the book says that facts speak for themselves. Our Holy Father, the Pope of the mission directly and indirectly fostered the Medical Mission Movement. A powerful impetus was the Vatican Mission Exhibition, the medical section of which was not only one of the most interesting but also most stimulating to action, showing what a role the care of the sick, which is the task of medicine, plays in the vast and varied field of mission activity. Then there is the Holy Father's Paternal Solicitude and Blessing for every humble attempt to solve the problem, and through him the Church's attitude as was expressed so beautifully in a letter written to us recently by His Eminence, Cardinal Van Rossum: "More than ever, this is the moment to extend as largely as possible the medical contribution to missionary work, not only for the good of the missionaries themselves who live longer and do better and more work if they had the proper medical help and care, but also for the conversion of the pagan world.

"The example of our Divine Redeemer who united Himself preaching with healing the sick and the word He spoke to the Apostles when He sent them forth preaching: 'Heal the sick that are therein,' show clearly how necessary is your contribution to the great work of extending the Reign of Christ on earth."

A. D.